

## NURSE ASSISTANT AND/OR HOME HEALTH AIDE RENEWAL APPLICATION

*(Follow instructions on reverse.)*

Last name	First name	MI	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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☐ Check here if you wish to have the name changed on your certificate. You must submit a legal document showing the name change.

Mailing address (number and street name or P.O. Box number)		City	State	ZIP code
Date of birth	Social security number ____-____-____	Driver's license number State: _____ Number: _____	Telephone number (     ) _____	

### TYPE OF REQUEST (Check all applicable.) (See instructions on reverse.)

<input type="checkbox"/> <b>CNA renewal</b> Certificate number: _____	<input type="checkbox"/> <b>HHA renewal</b> Certificate number: _____
<input type="checkbox"/> <b>Reactivate</b> my CNA certificate because I cannot meet my renewal requirements (see "CNA Reactivation" on reverse) Certificate number: _____	<input type="checkbox"/> <b>Duplicate</b> certificate CNA number: _____ HHA number: _____

### FEES—PAYABLE TO DHS (check **one**)

1. Fees are **not** refundable even if you are not subsequently renewed.
2. If your check is dishonored by your bank, you will not receive a certificate until the fee is paid.
3. If you submitted a temporary fingerprint fee "waiver" form (HS 321) with your initial application and have not paid the \$32 fee to ATCS, your certificate will not be renewed until it is paid.

<input type="checkbox"/> Live scan fingerprint process \$20 renewal fee <i>and, if applicable,</i> \$10 late fee (if 30 days past expiration date)	OR <input type="checkbox"/> Fingerprint card process \$32 fingerprint fee <b>and</b> \$20 renewal fee <i>and, if applicable,</i> \$10 late fee (if 30 days past expiration date)	OR <input type="checkbox"/> Already fingerprinted through ATCS Clearance date: _____ <i>No fingerprints required if you were previously cleared for CNA/HHA certification or ICF/DD, DDH, or DDN employment.</i> \$20 renewal fee <i>and, if applicable,</i> \$10 late fee (if over 30 days past expiration date)
<input type="checkbox"/> Duplicate fee \$5 each	<input type="checkbox"/> Reactivation (see reverse for fee)	

1. **All applicants:** Have you been **convicted** of any crime since the last time you renewed your certificate (other than a minor traffic violation)? ☐ No ☐ Yes  
**Failure to truthfully disclose this information may result in a revocation of your certificate.**
2. **CNA applicants only:** I have completed \_\_\_\_\_ hours of in-service training/continuing education units (CEUs) to date. I will have completed the required 48 hours (or, if initially certified for less than 24 months, only 2 hours per month for each month certified) by the expiration date of my certificate.
3. **CNA applicants only:** I ☐ have ☐ have not worked at least one day, for pay, providing nursing services in the last two years. List current or most recent employer.

Employer name	Telephone number (     ) _____	Last date worked
Address (number and street name or P.O. Box number)	City	State     ZIP code

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true.

Signature of applicant	Date
➤ Signature of ATCS representative approving applicant for certificate <b>reactivation only</b>	Date

## INSTRUCTIONS

### CNA RENEWALS

You may renew your certificate any time up to two years beyond the expiration date of your certificate. **However, you will NOT be able to work as a CNA beyond the present expiration date until you meet the renewal requirements and have submitted your renewal request to ATCS.**

If you are a CNA in good standing on the California Nurse Aide Registry, you will qualify for a two-year renewal (from the latest expiration date of your certificate) if the following apply:

- You can certify that you have worked at least one day, for pay, providing nursing services in the last two years. (Note: This is not required if your present certification period was less than two years in duration.) *and*
- You can certify that you will have completed 48\* hours of in-service training or continuing education; *and*
- You submit this completed application and the appropriate fees to ATCS; *and*
- You have been fingerprinted through ATCS for CNA or HHA certification or ICF-DD, DDH, or DDN employment and subsequently cleared for criminal convictions.

\* If you are renewing for the first time and your original certification period is less than two years, you may prorate the hours at 2 hours per month for the number of months of certification (i.e., for a 16-month certification period, only 32 hours of in-service/continuing education hours would be required).

You are not required to renew your HHA certification when renewing your CNA certification, even though it costs no more to do so.

### HHA RENEWALS

If you are renewing your HHA certificate that has an expiration date no more than two years old, you are qualified to renew. If you are requesting *both* CNA and HHA renewals, only one fee is required. You are not required to renew your CNA in order to renew your HHA, **but the fees listed on the reverse still apply.**

You **do not** have to submit in-service training or continuing education hours or proof of work (as CNAs are required to do). The only renewal requirements are that you send the completed application and appropriate fee to ATCS at least three months before expiration of your certification.

If you have not renewed your HHA certificate since you originally received a “lifetime” certificate issued prior to July 1, 1998, or it has been over two years since your certificate expired, **you may not renew.** Instead, you may retrain at an ATCS-approved home health aide program. You may take a 40-hour program if you have an **active CNA certificate.** If you do not have an active CNA certificate, you must take a 120-hour HHA training program.

Upon enrolling in the training program, you must complete a **Nurse Assistant and/or Home Health Aide Initial Application (HS 283 B)** which can be obtained from your training program, and follow the instructions on the back of that application.

### CNA REACTIVATION

If you will not be able to meet the renewal requirements within two years of your certificate expiration date and want to keep your certificate current to allow for continuing employment, you may follow the procedure below for **reactivating without retraining.**

If you have already been fingerprinted and cleared through ATCS for CNA, HHA certification, or ICF-DD, DDH, or DDN employment, you should submit the following to ATCS:

- This completed application; *and*
- The \$15 application fee.

If you are qualified, ATCS will approve your application for the competency exam and will send you information about taking the exam. You can work as a CNA with proof of successful completion of the exam. You will not receive a certificate until the testing vendor notifies ATCS that you have passed the competency exam.

**If you have not been fingerprinted and cleared through ATCS,** follow the procedure under **FINGERPRINT SUBMISSION** below.

### FINGERPRINT SUBMISSION

CNA, HHA renewal, and CNA reactivation requests require that you have submitted fingerprints to ATCS and have been cleared through a criminal background investigation. If you have not previously gone through this process, submit the following to ATCS:

- This completed application.
- A completed fingerprint card or the second copy of the completed BCII 8016 live scan form, signed by the technician who took the fingerprints; *and*
- Applicable fingerprint fees—when submitting a fingerprint card, see fee requirement on reverse; **or**
- Applicable fingerprint fees—when submitting the live scan form—see fee requirement on reverse.

You can get fingerprints “rolled” on cards by the American Red Cross, local law enforcement agencies, or other businesses that have individuals who are trained to roll fingerprints. The location of these businesses may be listed in the yellow pages of your local telephone book.

You may also get your fingerprints taken through the live scan electronic process. Most law enforcement agencies also have the ability to take your fingerprints through this method. (It may take less time to process your request if you use this type of fingerprinting.)

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### INFORMATION COLLECTION AND ACCESS: PRIVACY STATEMENT

Your SSN is requested by the Department of Health Services, Licensing and Certification, Aide and Technician Certification Section (ATCS) under Health and Safety Code, Sections 1337 through 1338.5 and 1736.1 through 1736.6, in order to process requests for nurse assistant and home health aide certification. Providing this information is mandatory for purposes of identification only in order to fulfill the State’s responsibilities under federal regulations (42 CFR, 483.151 through 483.156 and 484.36). For more information, contact ATCS at the address on the front of this form.